## STATEMENT OF DISCLOSURE OF INTERESTS

GOVERNOR/GOVERNOR'S CABINET/CABINET LEVEL STAFF/ CONSTITUTIONAL OFFICERS/GENERAL ASSEMBLY MEMBERS

INSTRUCTIONS: This form is for reporting all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §§ 8-50-501 et seq., 2-10-128 and 2-10-129). Statements of Disclosure of Interests must be filed annually by April 15 with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37219. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete items 1-6. If there were no changes in items 7-13 since the previous report, you may check the box in item 14; otherwise, you must complete items 7-13. Disclosure statements must be signed and the signature attested to by a witness in item 16. Attach additional pages as necessary. Please note that the information listed on this statement will be posted on the Commission's website as required by T.C.A. §§ 2-10-128(b), 2-10-129(b) and 8-50-501(d)(1).

NOTE: An amended Statement of Disclosure of Interests must be filed wherever reported conditions change due to the termination or acquisition of any interests for which disclosure is required by law.

+ DATE OF DIRCH ORLIDE

1. DATE OF DISCLOSURE 2. NAME OF OFFICIAL AND THE POSITION
01-05-07 TN State Representative-District G.A. HARDAWAY, SR.
3. ADDRESS Street or Rural Route City State Zip Code
1243 Worthington St Mphs, TN 38114
3a. PHONE NUMBER (901) 949-1000
4. SOURCES OF INCOME
Delta Equity

_	eed be stated.
N	A
artner, proprietor rganization or eco osition was held.	ELD: List any position held including, but not limited to, officer, director, trustee, general or, or representative of any corporation, firm, partnership, business enterprise, non-profit ducational institution. Both the month and year must be reported for the period of time the positions with the federal government, religious, social, fraternal or political entities, and honorary nature, do not require disclosure.
ame of Organiz	readons of Health Sciences / Director 2003-2007
selfa Equi	ty/Partner 1.2005-2007
your spouse is a	For any trust considered to be a blind trust pursuant to T.C.A. § 35-50-120 in which you on an interested party, identify the nature of the interest and list the location of the trust and the ess of the Trustee. No Individual asset held in such a blind trust need be disclosed.
or other busines	5: List any investment by you, your spouse or minor children residing with you in any corposes organization in excess of ten thousand dollars (\$10,000) or five percent (5%) of the total ne of the corporation or organization must be listed but no dollar amounts or percentages of the stated.
Neita F	anity
	EXPENSES: List the amount and source (by name) of any contribution from private source ing the expenses related to the adequate performance of your legislative duties.
LOBBYING: Lis residing with you	

-	Merger/Arquientian/Davelopment
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1.	RETAINER FEES: List any retainer fee you receive from any person, firm or organization which is in the practice of promoting or opposing, influencing or attempting to influence, directly or indirectly, the passage of defeat of any legislation before the Tennessee General Assembly, its legislative committees or the members thereof.
1	WA .
2.	BANKRUPTCY: List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.
-	WA
3.	LOANS; List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. Loans not be disclosed on this report if they are:
	(1) From your immediate family (spouse, parent, sibling or child); (2) From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule;
	(3) Secured by a recorded security interest in collateral, bearing the usual and customary interest rate the lender made on a basis which assures repayment; evidenced by a written instrument and subject to due date or amortization schedule;
	<ul> <li>(4) From a partnership in which you have at least ten percent (10%) partnership interest;</li> <li>(5) From a corporation in which more than fifty percent (50%) of the outstanding voting shares are own by you or by your immediate family (spouse, parent, sibling or child).</li> </ul>
-	N/A
A	NO CHANGES IN ITEMS 7-13 (Check if applicable):
4.	

## 15. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by the Conflict of Interest Disclosure Act.

Signature of Official

Dote .

I, the undersigned, do hereby witness the above signature which was signed in my presence.

Signature of Witness

Date

Mabra Holestield

Name of Witness (Printed)

